

2007 FOR PROFIT CORPORATION ANNUAL REPORT

2008 JAN 10 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000016571

1. Entity Name
DIAMOND MORTGAGE CORPORATION



Principal Place of Business
2880 W. OAKLAND PKWY BLVD
105
FORT LAUDERDALE, FL 33311

Mailing Address
2880 W. OAKLAND PKWY BLVD
105
FORT LAUDERDALE, FL 33311

REINSTATEMENT

07



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5092007

Chg-P

CR2E034 (12/06)

FEI Number

65-0845112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNTER, DWETTA
200 SW 85TH AVENUE
SUITE #202
PEMBROKE PINES, FL, FL 33025

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
HUNTER, DWETTA
200 SW 85TH AVENUE SUITE #202
PEMBROKE PINES, FL 33025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
~~608105296536~~
~~07/03/07--01015 005 **150.00~~ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/07 (954) 731-7204
Date Daytime Phone

per pat bailey

pg 2

1/09/08 DEPOSITS/PAYMENTS DETAIL SCREEN 4:13 PM
DEPOSIT NUMBER : 01/10/08 01004 001 DEPOSIT TYPE : COR
ACCOUNT NUMBER : DEPOSIT AMOUNT : 180.00
USER ID : KWALKER DEPOSIT BALANCE: 0.00
DEBIT MEMO DATE: VOID DATE :
TRACKING NUMBER: 300114631863 DOCUMENT NUMBER: P02000049053
REQUESTOR : DM # 80636-E/82694-I LEDGER DATE : 01/09/08
SUB ACCT NUMBER:

CATEGORY	DESCRIPTION	AMOUNT
ADM	ADMINISTRATIVE FEES	150.00
RTNCK	RETURNED CHECK FEE	30.00

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR:

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V27993

1. Corporation Name

Allison's Dance Centre, Inc.

2. Principal Office Address - No P.O. Box #

5231 26th St. W.

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34207

Country

USA

3. Mailing Office Address

P.O. Box 340

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

34270

Country

USA

REINSTATEMENT

05-08^{KS}

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

4/13/92

5. FEI Number

65-0334692

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Allison E. Norton

Street Address (P.O. Box Number is Not Acceptable)

7382 N. Lockwood Ridge Rd.

Suite, Apt. #, Etc.

City Sarasota

State FL

Zip Code 34243

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Allison E. Norton

REGISTERED AGENT MUST SIGN

Date 1/7/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Allison E. Norton	7382 N. Lockwood Ridge Rd	Sarasota, FL 34243

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Allison E. Norton - Allison E. Norton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08

Date

(941) 2018313

Daytime Phone #

KS